

CAMPAIGN FINANCE REPORT STATE OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

Schellinger FOR Assembly

Street Address

240 Leadore Ln

City, State and Zip Code

Brookfield, WI 53005

OFFICE USE ONLY

GAB ID Number: *0103953*

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

REPORT PERIOD

☐ January Continuing

☐ Pre-Primary

☐ Spring

☐ Fall

☐ Special

☐ Termination Report
also complete Schedule 4

☒ July Continuing

☐ Pre-Election

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ <i>20,000.00</i>	\$ <i>20,000.00</i>
1B. Contributions from Committees (Transfers-In)	\$ <i>500.00</i>	\$ <i>500.00</i>
1C. Other Income and Commercial Loans	\$ <i>0</i>	\$ <i>0</i>
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ <i>20,500.00</i>	\$ <i>20,500.00</i>

2. DISBURSEMENTS

2A. Gross Expenditures	\$ <i>4920.55</i>	\$ <i>4920.55</i>
2B. Contributions to Committees (Transfers-Out)	\$ <i>500.00</i>	\$ <i>500.00</i>
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ <i>5420.55</i>	\$ <i>5420.55</i>

CASH SUMMARY

Cash Balance Beginning of Report	\$ <i>20,500.00</i>
Total Receipts	\$ <i>20,500.00</i>
Subtotal	\$ <i>20,500.00</i>
Total Disbursements	\$ <i>5420.55</i>
CASH BALANCE END OF REPORT	\$ <i>15,079.45</i>
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ <i>2554.40</i>
LOANS (Balance at the Close of This Period-3B)	\$ <i>17,633.85</i>

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date:
<i>Thomas J. Schellinger</i>	<i>Thomas J. Schellinger</i>	<i>7-19-12</i>
		Daytime Phone: <i>842-782-4496</i>

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to p. ss.11.60, 11.61, Wis. Stats.

GAB-2S (Rev. 12/09)

Form prescribed by the Government Accountability B
608-266-8005.



0103953-99

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name
Schellinger For Assembly

Instructions for completing schedules are on the back of each schedule

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation, Name and Address of Principal Place of Employment (if year-to-date total exceeds \$100)	Amount of Contribution	Y-T-D Total
2-14	THOMAS J Schellinger 240 LEANORE LN Brookfield WI Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#	Zimbrick Corp 19146 W. Bloomer Rd Brookfield WI 53005 Sales	\$20,000	\$20,000
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#			
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$	
TOTAL ITEMIZED CONTRIBUTIONS			\$	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$20,000	20,000

SCHEDULE 2-A
DISBURSEMENTS
Gross Expenditures

 Page 1 of 1

Complete Committee Name

Schellinger For Assembly

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
2-14	Go Daddy.com	website	\$304. ⁶³
	Check if: <input type="checkbox"/> In-Kind Offset		
4-12	US Post Office E/M Grove, WI	STAMPS	\$162. ⁰⁰
	Check if: <input type="checkbox"/> In-Kind Offset		
4-12	PRINCRAFT 14740 W. Greenfield Ave Brookfield, WI 53005	Printing	\$146. ⁸⁴
	Check if: <input type="checkbox"/> In-Kind Offset		
5-10	SIEMANN Signs 9953 W. ST MARTIN Rd Franklin, WI	yard signs	\$839. ⁵²
	Check if: <input type="checkbox"/> In-Kind Offset		
5-24	Political Calling 712 Fifth St. Suite E DAN CA 95616	phone calls	\$120. ⁰⁰
	Check if: <input type="checkbox"/> In-Kind Offset		
5-24	PRINCRAFT 14740 W. Greenfield Ave Brookfield, WI	flyers	\$1397. ⁸³
	Check if: <input type="checkbox"/> In-Kind Offset		
6-2	Fed Ex 12725 W. Bluemound Rd Brookfield, WI 53045	banners	\$212. ⁵³
	Check if: <input type="checkbox"/> In-Kind Offset		
6-5	Campaign Event 270 Lexington Ln Brookfield, WI	delivery of flyers	\$920. ⁰⁰
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

 \$ 4103.³⁵

TOTAL ITEMIZED EXPENDITURES

 \$ 4103.³⁵

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$ 0

TOTAL EXPENDITURES

 \$ 4103.³⁵

SCHEDULE 2-A
**DISBURSEMENTS
Gross Expenditures**

 Page 1 of 2

Complete Committee Name

Schellinger For Assembly

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
6-22	Station Group 3814 Gallow Highway Tampa, FL 33618 Check if: <input type="checkbox"/> In-Kind Offset	Consulting Fees General; Calls	\$799. ²⁰
6-30	US BANK P.O. Box 1800 ST PAUL, MN 55101-0800 Check if: <input type="checkbox"/> In-Kind Offset	ANNUAL Fee	\$20. ⁰⁰
6-30	CHASE P.O. Box 84014 PA/ATLVE, IL 60084 Check if: <input type="checkbox"/> In-Kind Offset	Loan payment	\$2366. ¹⁵
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

 \$ 817.²⁰

TOTAL ITEMIZED EXPENDITURES

 \$ 817.²⁰

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$ 0

TOTAL EXPENDITURES

 \$ 817.²⁰

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name: Schellinger for Assembly

Instructions for completing schedules are on the back of each schedule.

Date	Full Name of Committee, Mailing Address and Zip Code	Committee GAB ID Number	Amount of Contribution	Y-T-D Total
6-30	Republican Party 148 E. Johnson St Madison, WI 53703 Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan		\$500 ⁰⁰	\$500 ⁰⁰
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			

SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE

\$ 500⁰⁰ 500⁰⁰

TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES

\$ 500⁰⁰ 500⁰⁰

SCHEDULE 2-B

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Page 1 of 1

Complete Committee Name

Schellinger for Assembly

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Committee GAB ID Number	Amount	Y-T-D Total
6-30	<i>Republican Party</i> <i>148 E. Johnson St</i> <i>MADISON WI 53703</i> Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan		<i>\$500⁰⁰</i>	<i>\$500⁰⁰</i>
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE			<i>\$500⁰⁰</i>	<i>\$500⁰⁰</i>
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES			<i>\$500⁰⁰</i>	<i>\$500⁰⁰</i>

Loans
Individual, Committee or Commercial
ADDITIONAL DISCLOSURE

Complete Committee Name

Schellinger For Assembly

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
2/14/12	CHASE P.O. Box 94018 PALATINE, IL 60094	0	20,000	\$2366.15	17,633.85

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding
	\$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding
	\$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding
	\$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding
	\$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding
	\$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding
	\$

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$

TOTAL OUTSTANDING LOANS \$